Date:Interviewer:	Study ID:
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#### FAMILY HISTORY QUESTIONNAIRE

Thank you for agreeing to participate in this important study of family occurrence of breast and other cancers.

Before we begin, I would like to tell you about this project, which is called the Familial Registry for Breast Cancer, and to advise you of your rights as a research participant. The project is being conducted by the Northern California Cancer Center in collaboration with the National Cancer Institute. It will gather specific information from persons with breast cancer and some of their family members and place it in the Family Registry. This information resource will be used to understand genetic and other factors that cause some people to develop certain cancers, so that they may be prevented in the future.

Your participation in the project involves several steps. These are: providing information about your family history, your medical history and your past lifestyle and activities, including diet; donating a small amount of blood; and permitting study staff to have access to your medical records and, in some cases, to tissue samples removed during surgery. Any information or samples you provide will be stored without names, addresses, phone numbers, or any other identifying information. Your name and the names of your family members will not appear on any reports based on the data we collect. We will not contact your family members without your permission.

Your participation in any part of this study is entirely voluntary, and there are no consequences of any kind if you decide not to participate. If you choose, you may participate in some, but not other parts of the study. We will make every effort to protect the confidentiality of the information you provide.

The first part of the project is an interview about your family history. You may refuse to answer any question you do not wish to answer, and you may end the interview at any time.

Do you have any questions? YES (ANSWER QUESTIONS) NO

May I proceed with the interview?

YES 1 (GO TO START)

NO .

Is there a more convenient time that I could call back and complete the interview?

YES 1 (RECORD NEW DATA AND TIME ON CALL SHEET) Thank you. (END)

NO 2

1/6/98

h:\qnaire\famqnair.doc

STARTING TIME OF INTERVIEW	HR	AM MIN	1	PM	2					
START:										
In the following questions, we will be listing cert brothers, daughters and sons, grandparents, aunts children, or adopted family members.	-	•								
Please feel free to take as much time as you need to time.	answer the que	stions. If you	are not a	ible to ansi	wer all the	e questions,	we will jus	t complete a	s much as we	can at this
		<u>PR</u> (	<u>ΟΒΑΛ</u>	' <u>D</u>						
Let's start by recording a few facts about you and your	biological parel	nts, that is, th	e parent	s to whom	you were	born.				
1. What is your full name, including your middle name a	and your maiden	name, if you a	re marrio	ed?						

LAST

FIRST

2. What is your full date of birth?\_\_\_\_/\_

MIDDLE

MAIDEN

MONTH / DAY / YEAR

# <u>MOTHER</u>

<ul><li>3. What is your mother's full name, including</li><li>4. What is her full date of birth?</li></ul>		FIRST	MIDDLE	MAIDEN	LAS
5. Has your mother ever had breast cancer, o	MONTH/ DAY/ YEAR	er type of cancer? <b>(CI</b>	RCLE ONE)		
NO <b>(GO TO Q. 10)</b>	YES (ASK QUESTIONS BELOW	9			
pe(s) of cancer did she have? (INCLUDE	7. What part of the body did this can start in?	cer 8. How old first diagno	d was she when this cancer psed?	r was 9. What <u>da</u> diagnosed?	te was this cancer first
	1.	1.	25 10 >10	1.	25 10 >10
	2.	2.	25 10 >10	2.	25 10 >10
	3.	3.	25 10 >10	3.	2510>10
12. And what is her curre		REA CODE/ NUMBE		E)	
<b>DECEASED</b> 13. What was her date o	f death?//	25 10 >10	ĒR		
(IF NO CANCER, GO T	MONTH/ DAY/ Y O NEXT PAGE)	EAR			
14. In what city and stat	e did she die?CT	TV		CTATE	
15. What is the name of I	her next-of-kin?			<i>STATE</i> 	
16. What is his/her curre	nt address?	APT NO.	CITY	STAT	E ZIP

# <u>FATHER</u>

19. What is his full date of birt 20. Has your father ever had brong type(s) of cancer did he have? (III)		STREE1	APT NO	CITY	STATE ZIP
19. What is his full date of birt 20. Has your father ever had bro NO (GO TO  type(s) of cancer did he have? (III  —————————————————————————————————	31. What is his/hea				
19. What is his full date of birt 20. Has your father ever had bro NO (GO To  type(s) of cancer did he have? (II	30. What is the na	me of his next-of-kin?			·
19. What is his full date of birt 20. Has your father ever had bro NO (GO TO  ype(s) of cancer did he have? (II	29. In what city ar	nd state did he die?	CITY		STATE
9. What is his full date of birt 0. Has your father ever had bro NO (GO TO TYPE(s) of cancer did he have? (III	•	GO TO NEXT PAGE)			
9. What is his full date of birt 10. Has your father ever had bro NO (GO To  ype(s) of cancer did he have? (II	(IE NO CANCED	MONTH/ DAY/	YEAR		
19. What is his full date of birt 20. Has your father ever had bro NO (GO To  ype(s) of cancer did he have? (II	<b>PECEASED</b> 28. What was his o	date of death?//	25 10 >10		
19. What is his full date of birt 20. Has your father ever had bro NO (GO To  ype(s) of cancer did he have? (II	27. And what is ill.	ованый сыфионстания:	AREA CODE/ NUI		
19. What is his full date of birt  20. Has your father ever had bro  NO (GO To  type(s) of cancer did he have? (II	27 Δnd what is hi	s current telephone number?		(GO TO NEXT PAGE)	
19. What is his full date of birt  20. Has your father ever had bro  NO (GO To  type(s) of cancer did he have? (II	IVING 26. VVNAT IS HIS CUI	rent address?STREET	APT NO. C	ITY STATE	ZIP
19. What is his full date of birt 20. Has your father ever had bro NO (GO To  ype(s) of cancer did he have? (II		·			
19. What is his full date of birt 20. Has your father ever had bro NO <b>(GO T</b> o	5 Is your father living or deceased?	(CIDCLE ONE)			•
19. What is his full date of birt 20. Has your father ever had bro NO <b>(GO T</b> o		3.		3. <b>2510&gt;10</b>	3. <b>25 10 &gt; 10</b>
19. What is his full date of birt 20. Has your father ever had bro NO <b>(GO T</b> o		2.		2. <b>25 10 &gt;10</b>	2. <b>25 10 &gt;10</b>
19. What is his full date of birt 20. Has your father ever had bro NO <b>(GO T</b> o		1.		1. 25 10 >10	1. <b>25 10 &gt;10</b>
19. What is his full date of birt 20. Has your father ever had bro NO <b>(GO T</b> o				was first diagnosed?	first diagnosed?
19. What is his full date of birt 20. Has your father ever had bro	pe(s) of cancer did he have? <b>(INCLU</b>	DE 22. What part of the body o	lid this cancer start in?	23. How old was he when this cance	er 24. What date was this cancer
19. What is his full date of birt	NO <b>(GO TO Q. 2</b>	5) YES (ASK QU	ESTIONS BELOW)		
19. What is his full date of birt	O. Has your father ever had breast ca	ncer, childhood cancer, or any other ty	pe of cancer? <b>(CIRCLE ON</b>	E)	
•		MONTH/ DAY/ YEAR			
,	0 M/hat is his full data of hirth?	/ / 251	10 > 10		
i8.	8. What is your <b>father</b> 's full name?_	FIRST	$\sim$ $\sim$ $\sim$	 1IDDLE	LAST

32.	And what is his/her current telephone number?	,
	,	AREA CODE/ NUMBER

33. How many biological sisters do you have altogether, including half-sisters and any sisters who are deceased?\_\_\_\_\_ (IF NONE, GO TO PAGE 10)

Now I would like to ask you a few questions about your sisters. Please include only your sisters who have the same biological mother or father you have. Do not include step-sisters or adopted sisters.

34. What is you	r (first) <b>sister</b> 's full name, inclu	ding her middle name, and her i	maiden name, if she is m	arried?				
		•			FIF	PST		MIDDLE/MAIDEN 35.
What is her full	date of birth?/	/ 2510 > 10	1			<del></del>		
36. Is she a hali	f-sister? (CIRCLE ONE) NO	MONTH/ DAY/ YEAR (GO TO Q. 38) YES 37. W	as she born to your moth	her or your father	LAST ? MOTHER FA	THER		
38. Has your sis	ster ever had breast cancer, ovar	rian cancer, childhood cancer, o	r any other type of cance	er? <b>(CIRCLE ON</b>	IE)			
	NO <b>(GO TO Q. 43)</b>	YES (ASK QUE	STIONS BELOW)					
39. What type	e(s) of cancer did she have? ALL)	40. What part of the b	ody did this cancer start	in?	41. How old was she w cancer was first diagnos		42. Wha first diag	t <u>date</u> was this cancer nosed?
1.		1.			1. 25 10 >1	0	1.	25 10 >10
2.		2.			2. <b>25 10 &gt;1</b>	0	2.	25 10 >10
3.		3.			3. <b>25 10 &gt;1</b>	0	3.	25 10 >10
LIVING	44. What is her current add	ress?	APT NO.	CITY	STATE	ZIP		
	45. And what is her current	telephone number?	AREA CODE/ N		O NEXT PAGE)			
DECEASED	46. What was her date of d	eath?//_ MONTH/ DAY/ YE	<b>25 10 &gt;10</b> EAR					
	47. In what city and state of							
	48. What is the name of her	CITY next-of-kin?		STATE				
	49. What is his/her current a							
		STREET	APT	NO.	CITY		STATE	ZIP
	50. And what is his/her cur	rent telephone number?						
		<i>r</i>	ARFA (	 CODF/NUMBFR	?			

34. What is you	r 2nd <b>sister</b> 's full name, including	n her middle name, and her maiden nam	ne, if she is married?				
Ţ	· ·				FIRST		MIDDLE/MAIDEN 35.
What is her full		/ <b>2510&gt;10</b> MONTH/ DAY/ YEAR		LAS	 Т		
		GO TO Q. 38) YES 37. Was she born cancer, childhood cancer, or any other			FATHER		
	NO <b>(GO TO Q. 43)</b>	YES (ASK QUESTIONS	BELOW)				
39. What type	e(s) of cancer did she have? ALL)	40. What part of the body did th	nis cancer start in?	41. How old w cancer was first	as she when this diagnosed?	42. Wha first diag	nt <u>date</u> was this cancer nosed?
1.		1.		1. 2	? 5 10 >10	1.	2510>10
2.		2.		2. 2	? 5 10 >10	2.	25 10 >10
3.		3.		3.	? 5 10 >10	3.	25 10 > 10
43. Is this sistei LIVING	r living or deceased? <b>(CIRCLE O</b> 44. What is her current addres 45. And what is her current te	SS?STREET AP	T NO. CITY	STA:	TE ZIP		
	70.7 7 8.10 77.10 10 710 70 00 11 00 11		REA CODE/ NUMBER	0 10 112/11 17102/			
DECEASED	46. What was her date of dea	th?// MONTH/ DAY/ YEAR	25 10 >10				
	47. In what city and state did	she die?					
	48. What is the name of her n	CITY ext-of-kin?	S	TATE 			
	49. What is his/her current ac	ddress? STREET	APT NO.	CITY		STATE	 
	50. And what is his/her currer	nt telephone number?	AREA CODE/ NUN	- IBER			

34. What is you	r 3rd <b>sister</b> 's full name, including	her middle name, and her maiden nam	ne, if she is married?				
	date of birth?/				FIRST		MIDDLE/MAIDEN 35.
		MONTH/ DAY/ YEAR		L	AST		
		GO TO Q. 38) YES 37. Was she bo			FATHER		
38. Has this sis	ter ever had breast cancer, ovarian NO <b>(GO TO Q. 43)</b>	cancer, childhood cancer, or any othe YES (ASK QUESTIONS		E ONE)			
39. What type	e(s) of cancer did she have?	40. What part of the body did to			I was she when this irst diagnosed?	42. Wha first diag	t <u>date</u> was this cancer nosed?
1.		1.		1.	2 5 10 >10	1.	2510>10
2.		2.		2.	25 10 >10	2.	25 10 >10
3.		3.		3.	2 5 10 >10	3.	25 10 > 10
13 Is this sister	r living or deceased? <b>(CIRCLE OI</b>	MF)					
	•						
LIVING	44. What is her current addres		PT NO. CITY	Sī	TATE ZIP		
	45. And what is her current te		REA CODE/ NUMBER	GO TO NEXT PAG	<i>E)</i>		
DECEASED	46. What was her date of deat	th?// MONTH/ DAY/ YEAR	25 10 >10				
	47. In what city and state did					_	
	48. What is the name of her ne	CITY ext-of-kin?		STATE 			
	49. What is his/her current ad						
		STREET	APT NO.	CITY		STATE	ZIP
	50. And what is his/her curren	nt telephone number?		_			
			AREA CODE/ NUN	<i>MBER</i>			

-	me, including her middle name, and her mai//		FIRST  LAST		MIDDLE/MAIDEN 35.
vviiat is nei Tun date of Diftin:	MONTH/ DAY/ YEAR			-	
	<b>ONE)</b> NO <b>(GO TO O. 38)</b> YES 37. Wa				
36. Is she a half-sister? (CIRCLE) 38. Has this sister ever had breast c	ancer, ovarian cancer, childhood cancer, or a			?	
NO <b>(GO TO Q</b> .	43) YES (ASK QUES	TIONS BELOW)			
39. What type(s) of cancer did she	have? 40. What part of the bo	dy did this cancer start in?	41. How old was she when the cancer was first diagnosed?	nis 42. Wh first dia	nat <u>date</u> was this cancer gnosed?
1.			1. <b>25 10 &gt;10</b>	1.	2 5 10 >10
2.	_ 2.		2. <b>25 10 &gt;10</b>	2.	25 10 >10
3.	3.		3. <b>25 10 &gt;10</b>	3.	25 10 > 10
43. Is this sister living or deceased?  LIVING 44. What is her a  45. And what is		APT NO. CITY  MAREA CODE/ NUMBER	STATE  GO TO NEXT PAGE)	ZIP	
<b>DECEASED</b> 46. What was h	er date of death?/// MONTH/ DAY/ YE.	25 10 >10			
47. In what city	and state did she die?				
48. What is the	CITY name of her next-of-kin?	STATE			
49. What is his/	her current address?STREET		CITY	STATE	
50. And what is	his/her current telephone number?	AREA CODE/ NUN	_		

51.	How many	biological brothers do	you have altogether,	including any	half-brothers or brothers who are deceased?	(IF	F NONE, GO TO PAGE 15	į)
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Now I would like to ask you similar questions about your brothers. As before, please include only your brothers who have the same biological mother or father you have. Do not include step-brothers or adopted brothers.

52. What is you	ır (first) <b>brother</b> 's full name, in	cluding his n	niddle name?						
53. What is his	full date of birth?		<b>2510&gt;10</b> DAY/ YEAR	FIRST	-	MIDD	PLE		LAST
54. Is he a half-	brother? NO (GO TO Q. 56)	YES 55.	Was he born to your m	other or your fath	ner? MC	THER	FATHER		
56. Has your br	other ever had breast cancer, cl	hildhood cand	cer, or any other type of	cancer? (CIRCLI	ONE)				
	NO <b>(GO TO Q</b> . <b>61)</b>	YES (A	SK QUESTIONS BE	LOW)					
57. What type	e of cancer(s) did he have? (IN	CLUDE	58. What part of the	e body did this car	ncer start in?		v old was he when this cancer t diagnosed?	60. Wha	at <u>Date</u> was this cance gnosed?
1.			1.			1.	2 5 10 >10	1.	2510>10
2.			2.			2.	25 10 >10	2.	2 5 10 >10
3.			3.			3.	25 10 >10	3.	<i>25 10 &gt;10</i>
61. Is your brot	her living or deceased? <b>(CIRCL</b> 62. What is his current add	•	STREET	APT NO.	СІТҮ		STATE ZII	D	
	63. And what is his current	t telephone n	umber?			TO NEXT F	PAGE)		
DECEASED	64. What was his date of a	NEXT PAC	•	AREA CODE/ <b>2510&gt;10</b>	NUMBER				
	65. In what city and state	did he die?_			CITY		<del>-</del>	STATE	
	66. What is the name of his	s next-of-kin	?						<u></u>
	67. What is his/her current	address?	STREE	T AP	T NO.	CITY		STATE	ZIP
	68. And what is his/her cui	rrent telepho	ne number?		 	FR			

52. What is you	ur 2nd <b>brother</b> 's full name, incl	luding his m	iddle name?						
F2 11/batia bis	- 6.11 data a6 hinth?	, ,	0.540.40	FIRST	<del>-</del>	MIDD	LE		LAST
53. VVIIAL IS IIIS	s full date of birth?								
54. Is he a half	f-brother? NO <b>(GO TO Q. 56)</b>	YES 55	. Was he born to your n	mother or your fatl	ner? M	OTHER	FATHER		
					- 0.15				
56. Has this bro	other ever had breast cancer, ch	ildhood can	cer, or any other type of	cancer? (CIRCLE	ONE)				
	NO <b>(GO TO Q. 61)</b>	YES (	ASK QUESTIONS BE	ELOW)					
57. What typ	e of cancer(s) did he have? (IN	CLUDE	58. What part of th	ne body did this car	ncer start in?		v old was he when this cancer diagnosed?	60. Wha first diag	nt <u>Date</u> was this cance nosed?
1.			1.			1.	2510>10	1.	25 10 > 10
2.			2.			2.	2 5 10 >10	2.	2510>10
3.			3.			3.	<i>25 10 &gt;10</i>	3.	<i>25 10 &gt;10</i>
61. Is your brot	ther living or deceased? <b>(CIRCL</b> 62. What is his current add	•	STREET	APT NO.	CITY		STATE ZIF	)	
	63. And what is his current	t telephone i	number?		(GO	TO NEXT P	PAGE)		
DECEASED	64. What was his date of a	leath?	// MONTH/ DAY/ YEAR	AREA CODE/ <b>2510&gt;10</b> R	NUMBER		,		
	(IF NO CANCER, GO TO 65. In what city and state		•						
	05. III What thy and state	uiu ne uie: _			CITY			STATE	
	66. What is the name of his	s next-of-kii	1?						
	67. What is his/her current	t address?			T.N.O.				
			STREE	:I AP	T NO.	CITY		STATE	ZIP
	68. And what is his/her cui	rrent telepho	one number?						
		•		AREA	CODE/ NUME	BER			

52. What is you	ur 3rd <b>brother</b> 's full name, incl	uding his midd	le name?							
50 144	6 11 1 1 6 1 1 1 1 6	,		FIR	RST		MIDDLE			LAST
53. VVhat is his	full date of birth?	_// /// //								
		WONTH DE	III ILAN							
54. Is he a half	-brother? NO (GO TO Q. 56)	YES 55. I	Was he born to your n	nother or your f	ather?	MOTHE	ER F	FATHER		
56. Has this bro	other ever had breast cancer, ch	nildhood cancer	or any other type of	cancer? (CIRC	LE ONE)					
	NO <b>(GO TO Q</b> . <b>61)</b>	YES (AS	K QUESTIONS BE	LOW)						
57. What type	e of cancer(s) did he have? <b>(IN</b>	CLUDE	58. What part of th	e body did this	cancer start i		59. How old was first dia	d was he when this cancer ngnosed?	60. Wha	at <u>Date</u> was this cance nosed?
1.			1.			i	1.	25 10 >10	1.	25 10 >10
2.			2.			. 4	2.	2510>10	2.	2 5 10 >10
3.			3.			3	3.	<i>25 10 &gt;10</i>	3.	<i>25 10 &gt;10</i>
61. Is your brot	ther living or deceased? <b>(CIRC)</b> 62. What is his current add	·	STREET	APT NO.	CITY			STATE ZII	 D	
	63. And what is his curren	t telephone nui	mber?			(GO TO I	NEXT PAG	iE)		
DECEASED	64. What was his date of o	Mo	// DNTH/ DAY/ YEAR	2 5 10>	10 10	?				
	65. In what city and state		•							
	66. What is the name of hi				CITY				STATE	
	67. What is his/her current	t address?	STREE		4 <i>PT NO.</i>		CITY		STATE	 ZIP
			SIKEE	: I	47 I NU.		UIII		SIAIE	LIF
	68. And what is his/her cu	rrent telephone	number?							
				AK	EA CODE/ N	UIVIBER				

52. What is you	ur 4th <b>brother</b> 's full name, incl	uding his mi	ddle name?						-
F0 14/5-4 5-55	. 6.11 data a 615-41-0	, ,	0540 40	FIRST		MIDDLE			LAST
53. VVNAT IS NIS	full date of birth?		2510>10 DAY / YEAR						
54. Is he a half	F-brother? NO (GO TO Q. 56)	YES 55.	Was he born to your me	other or your father?	MOTH	IER FATHER			
56. Has this bro	other ever had breast cancer, chi	ildhood canc	er, or any other type of c	rancer? (CIRCLE ONE	<del>.</del> )				
					•				
	NO <b>(GO TO Q. 61)</b>	YES <b>(A</b>	SK QUESTIONS BEI	LOW)					
57. What typ	e of cancer(s) did he have? (INC	CLUDE	58. What part of the	body did this cancer st	art in?	59. How old was he was the way to be was the way and the way are was the way are way a	when this cancer 6	 60. What Dai	t <u>e</u> was this cance
ALL)	•		,	,		was first diagnosed?		irst diagnosed	
1.			1.			1. <b>2510</b>	> <b>10</b> 1	. 25	5 10 > 10
2.			2.			2. <b>25 10</b>	>10 2	·. 25	i 10 >10
3.			3.			3. <b>25 10</b> 2	> <b>10</b> 3		
LIVING	ther living or deceased? <b>(CIRCL</b> 62. What is his current add	·	STREET	APT NO. CI	TY	S	TATE ZIP		
	63. And what is his current	telephone n	umher?		(GO TO	NEXT PAGE)			
DECEASED	64. What was his date of d	eath?	// /ONTH/ DAY/ YEAR	AREA CODE/ NUN <b>2510&gt;10</b>		,, <u>_</u> ,			
	(IF NO CANCER, GO TO		•						
	65. In what city and state of	did he die?_			 TY			ATE	
	66. What is the name of his	next-of-kin	?						_
	67. What is his/her current	address?							
			STREET	T APT NO.		CITY	STA	ATE	ZIP
	68. And what is his/her cur	rent telepho	ne number?						
				AREA COD	E/ NUMBER				

69. How many biological daughters do you have altogether, including any who are deceased?\_\_\_\_\_\_ (IF NONE, GO TO PAGE 20)

Now I would like to ask you a few questions about your daughters. Please include only daughters born to you but not step-daughters or adopted daughters.

70. What is you	ur (first) <b>daughter</b> 's full name, including he	r middle name, and mai	den name if she is married?	? 	FIRST			ALDDI E/NAALDENI
71. What is her	full date of birth?	25 10 > 10	9		FIKSI		IV.	MIDDLE/MAIDEN
72. Haa yaye da		DAY / YEAR	converted time of concer?	(CIDCLE ONE)	LAST			
/2. Has your da	aughter ever had breast cancer, ovarian cand	cer, chilanooa cancer, or	any otner type of cancer? (	(CIRCLE UNE)				
	NO <b>(GO TO Q. 80)</b> YE	S (ASK QUESTI	ONS BELOW)					
73. What type ALL)	e(s) of cancer did she have? (INCLUDE	74. What part of th	e body did this cancer start		old was she when t as first diagnosed?	this	76. Wha first diag	at <u>date</u> was this cancer nnosed?
1.		1.		1.	25 10 >10		1.	2510>10
2.		2.		2.	25 10 >10		2.	25 10 >10
3.		3.		3.	2 5 10 >10		3.	25 10 > 10
		•		•				
77. What is the	name of your daughter's father/mother?_							
78. What is his,	/her current address?							
79. What is his,	/her current telephone number?	STREE		CITY ——	STATE		ZIP	
30. Is your daug	ghter living or deceased? (CIRCLE ONE)							
LIVING	81. What is her current address?							
	82. And what is her current telephone r	STREET number?	APT NO. CITY	(GO TO NEXT P.	STATE AGE)	ZIP		
	·		AREA CODE/ NUMBE		, 10 <i>L</i> /			
DECEASED	<del></del>	/// MONTH/ DAY / YEAR						
	(IF NO CANCER, GO TO NEXT PAG							
	84. In what city and state did she die?	•				_		
	85. What is the name of her next-of-kin	1?						
	86. What is his/her current address?							
	87. And what is his/her current telepho	STREE	TT APT NO.	CITY		STATE	ZIP	
	or. And what is his/her current telepho	HE HUHIDEI!	AREA CODE/	 NUMBER				

70. What is you	ur 2nd <b>daughter</b> 's full name, including her i	middle name, and maid	len name if she is	married?					
71 14/6 - 4 /- 6	- 6.11 d-t 615410	0.5.40	10			FIRST		Λ	MIDDLE/MAIDEN
71. VVNAT IS Nei	r full date of birth?// MONTH/ I	<b>2510</b> >1 DAY / YEAR	0			LAST			
72. Has this da	ughter ever had breast cancer, ovarian cand		r any other type o	of cancer? (CIRC		27107			
	NO <b>(GO TO Q. 80)</b> YI	ES <b>(ASK QUEST</b> )	IONS BELOW)		·				
73. What type	e(s) of cancer did she have? (INCLUDE	74. What part of the	he body did this (	cancer start in?		old was she when a first diagnosed?	this	76. Wha first diag	nt <u>date</u> was this cancer nosed?
1.		1.			1.	25 10 >10		1.	2 5 10 >10
2.		2.			2.	25 10 >10		2.	25 10 >10
3.		3.			3.	2 5 10 >10		3.	2510>10
77. What is the	e name of your daughter's father/mother?_								
78. What is his	:/her current address?								
70 14/1 1 1 1		STREE	ET APT	NO.	CITY	STATE		ZIP	
79. VVnat is nis	her current telephone number?		<u> </u>						
80. Is your dau	ghter living or deceased? (CIRCLE ONE)								
LIVING	81. What is her current address?								<del></del>
	02 And what is her surrent talenhans	STREET	APT NO.	CITY		STATE	ZIP		
	82. And what is her current telephone i	TUMDet ?	AREA COD	(G E/ NUMBER	GO TO NEXT PA	GE)			
DECEASED		/		0					
	(IF NO CANCER, GO TO NEXT PA	MONTH/DAY / YEAI CE)	₹						
	84. In what city and state did she die?	*							
							_		
	85. What is the name of her next-of-kin	1?							
	86. What is his/her current address?								
	87. And what is his/her current telepho	STREI nna number?	EI A	APT NO.	CITY		STATE	ZIP	
	or. And what is his/her current telepho	III TIUITIUCI !		EA CODE/ NUN	- MBER				

70. What is you	ur 3rd <b>daughter</b> 's full name, including her n	niddle name, and maiden nar	ne if she is married?					
71 M/hat is har	r full data of hirth?	2510>10			FIRST		Λ	/IDDLE/MAIDEN
71. VVIIAL ISTICI		2510>10 DAY / YEAR			LAST			
72. Has this dad	ughter ever had breast cancer, ovarian canc	er, childhood cancer, or any c	other type of cancer? <b>(CIRC</b>	CLE ONE)				
	NO <b>(GO TO Q. 80)</b> YE	ES (ASK QUESTIONS	BELOW)					
73. What type <b>ALL)</b>	e(s) of cancer did she have? (INCLUDE	74. What part of the boo	ly did this cancer start in?		old was she when t s first diagnosed?	this	76. Wha first diag	at <u>date</u> was this cancer anosed?
1.		1.		1.	25 10 >10		1.	2510>10
2.		2.		2.	25 10 >10		2.	25 10 >10
3.		3.		3.	2 5 10 >10		3.	25 10 >10
79. What is his,	Ther current address? Ther current telephone number?  ghter living or deceased? (CIRCLE ONE)	STREET	APT NO.	CITY	STATE		ZIP	
LIVING	81. What is her current address?	STREET AF	PT NO. CITY		STATE	 ZIP		
	82. And what is her current telephone r	number?	<i>(G</i>	O TO NEXT PA		211		
DECEASED	83. What was her date of death?		REA CODE/ NUMBER _ <b>2510 &gt;10</b>					
	(IF NO CANCER, GO TO NEXT PAG	•						
	84. In what city and state did she die?					-		
	85. What is the name of her next-of-kir	7?						<del></del>
	86. What is his/her current address?		ADTAIO			OTATE	715	
	87. And what is his/her current telepho	STREET ne number?	APT NO.	CITY		STATE	ZIP	
	טי. אווע איווערוט וווארוופו לעודפות נפופטווט	TIC HUITIDUI ;	AREA CODE/ NUM	- IBER				

70. What is you	ur 4th <b>daughter</b> 's full name, including her n	niddle name, and maiden nar	ne if she is married?				_	
71 What is her	r full date of birth?	2510>10			FIRST		Λ	//IDDLE/MAIDEN
	MONTH/ L	DAY / YEAR			LAST		•	
72. Has this da	ughter ever had breast cancer, ovarian canc	er, childhood cancer, or any c	other type of cancer? <b>(CIRC</b>	CLE ONE)				
	NO <b>(GO TO Q. 80)</b> YE	ES (ASK QUESTIONS	BELOW)					
73. What type ALL)	e(s) of cancer did she have? (INCLUDE	74. What part of the boo	ly did this cancer start in?		old was she when to first diagnosed?	his	76. Wha first diag	nt <u>date</u> was this cancer nnosed?
1.		1.		1.	25 10 >10		1.	2 5 10 >10
2.		2.		2.	25 10 >10		2.	2510>10
3.		3.		3.	2 5 10 >10		3.	25 10 >10
79. What is his,	s/her current address?	STREET	APT NO.	CITY	STATE		ZIP	
LIVING	81. What is her current address?	STREET AF	PT NO. CITY		STATE			
	82. And what is her current telephone r	number?	(G	O TO NEXT PA		211		
DECEASED	83. What was her date of death?		REA CODE/ NUMBER 2510>10					
	(IF NO CANCER, GO TO NEXT PAGE	•						
	84. In what city and state did she die?					-		
	85. What is the name of her next-of-kir	1?						
	86. What is his/her current address?							
	87. And what is his/her current telepho	STREET one number?	APT NO.	CITY		STATE	ZIP	
	טי. אווע vvnat is וווארווכו נעודפות נפובטווט	TIC HUITIDEI :	AREA CODE/ NUM	- MBER				

#### SONS

88. How many biological sons do you have altogether, including any who are deceased?\_\_\_\_\_\_ (IF NONE, GO TO PAGE 25)

Now I would like to ask you the same questions about your sons. Please include only sons born to you but not step-sons or adopted sons.

## <u>SON 1</u>

89. What is you	r (first) <b>son</b> 's full name, including his mid	dle name?		FIRST		MIDDLE		LAST	
90 What is his	full date of birth?//	2510>11	)	FIKSI		MIDDLE		LAST	
70. What is mis	MONTH/	 DAY / YEAR	,						
91. Has your soi	n ever had breast cancer, childhood cancer,	or any other type of car	ncer? <b>(CIRCLE</b>	ONE)					
	NO <b>(GO TO Q. 99)</b> Y.	ES <b>(ASK QUESTI</b>	ONS BELOW)						
92. What type <b>ALL)</b>	e(s) of cancer did he have? (INCLUDE	93. What part of th	e body did this a	cancer start in?		old was he when ti diagnosed?	his cancer	95. Wha first diag	nt <u>date</u> was this cancer nnosed?
1.		1.			1.	25 10 >10		1.	2 5 10 >10
2.		2.			2.	2 5 10 >10		2.	2510>10
3.		3.			3.	2 5 10 >10		3.	25 10 >10
					•			•	
96. What is the	name of your son's father/mother?								
97. What is his	/her current address?								
98 What is his.	/her current telephone number?	STREE	T APT	NO.	CITY	STATE		ZIP	
70. WHAT 13 1113/	nor current telephone number.				-				
99. Is your son i	living or deceased? (CIRCLE ONE)								
LIVING	100. What is his current address?								
	101 And what is his summed talanham	STREET	APT NO.	CITY	CO TO NEVT F	STATE	ZIP		
	101. And what is his current telephone	number?	Δ <i>RFA CO</i> DI	E/ NUMBER	(GO TO NEXT P	AGE)			
DECEASED	102. What was his date of death? _	//	25 10 >						
		MONTH/ DAY/	YEAR						
	(IF NO CANCER, GO TO NEXT PA	•							
	103. In what city and state did he die?	) 					_		
	104. What is the name of his next-of-k	in?							
	105. What is his/her current address?_								
		STREE	T A	PT NO.	CITY		STATE	ZIP	
	106. And what is his/her current telepi	hone number?		ΛΡΕΛΟ	— DDE/NIIMBED				

#### SON 2

89. What is you	ır 2nd <b>son</b> 's full name, including his n	niddle name?								
	full date of birth?/ MONT n ever had breast cancer, childhood can	TH/ DAY/ YEA	4 <i>R</i>		FIRST		MIDDLE		LAST	
711 Tido your oor	NO <b>(GO TO Q. 99)</b>		<i>3,</i>	ONS BELOW)	·					
92. What type	e(s) of cancer did he have? (INCLUD)			e body did this o			old was he when th diagnosed?	nis cancer	95. Wha first diag	at <u>date</u> was this cancer gnosed?
1.		1.				1.	25 10 >10		1.	2510>10
2.		2.				2.	25 10 >10		2.	2510>10
3.		3.				3.	2 5 10 >10		3.	2 5 10 >10
98. What is his,	/her current address?/her current telephone number? living or deceased? (CIRCLE ONE)		STREE		NO.	CITY	STATE		 ZIP	
LIVING	100. What is his current address?_ 101. And what is his current telep		PEET	APT NO.	CITY	_ (GO TO NEXT F	STATE	ZIP		
DECEASED	102. What was his date of death?  (IF NO CANCER, GO TO NEXT  103. In what city and state did he	/_ MON <b>PAGE)</b> die?	/_ ITH/ DAY/	AREA CODI <b>25 10</b> > YEAR	E/ NUMBER • <b>10</b>		·	_		
	104. What is the name of his next 105. What is his/her current address									
	106. And what is his/her current t	elephone numbe	STREE er?	T A	NPT NO. AREA (	CITY CODE/ NUMBER		STATE	ZIP	

#### SON 3

89. What is you	ur 3rd <b>son</b> 's full name, including his i	middle name?			FIRST		MIDDLE		LACT	
		ITH/ DAY/ YE	4 <i>R</i>		FIRST		MIDDLE		LAST	
91. Has this sor	n ever had breast cancer, childhood ca	ancer, or any othe	er type of cand	cer? (CIRCLE (	ONE)					
	NO <b>(GO TO Q. 99)</b>	YES (AS	SK QUESTIC	ONS BELOW)					1	
92. What type <b>ALL)</b>	e(s) of cancer did he have? <b>(INCLUL</b>	<b>DE</b> 93. WI	hat part of the	e body did this a	cancer start in		old was he when th diagnosed?	is cancer	95. Wha first diag	at <u>date</u> was this cancer gnosed?
1.		1.				1.	25 10 >10		1.	2 5 10 >10
2.		2.				2.	25 10 >10		2.	2510>10
3.		3.				3.	25 10 >10		3.	2510>10
97. What is his. 98. What is his.	e name of your son's father/mother?_  Ther current address?  Ther current telephone number?  Iiving or deceased? (CIRCLE ONE)		STREET	Т АРТ	NO.	CITY	STATE		 ZIP	
LIVING	100. What is his current address		 REET	APT NO.	CITY		STATE	ZIP		
DECEASED	101. And what is his current tele 102. What was his date of death (IF NO CANCER, GO TO NEX 103. In what city and state did I 104. What is the name of his nex	phone number?_ ?/_ MON ( <b>T PAGE)</b> he die? rt-of-kin?	/_ NTH/ DAY/	AREA CODI <b>2510</b> > YEAR	E/ NUMBER • <b>10</b>	. (GO TO NEXT F	PAGE)			
	105. What is his/her current add		STREE	T A	PT NO.	CITY		STATE	ZIP	
	106. And what is his/her current	telepnone numbe	er. <u></u>		AREA C	 CODE/ NUMBER				

#### SON 4

89. What is you	ır 4th <b>son</b> 's full name, including i	his middle name?_								
	full date of birth?/ No n ever had breast cancer, childhoo	<i>IONTH/ DAY/ Y</i>	'EAR		FIRST ONE)		MIDDLE		LAST	
	NO <b>(GO TO Q. 99)</b>	YES (	ASK QUESTIC	ONS BELOW)						
92. What type ALL)	e(s) of cancer did he have? (INCL	<i>UDE</i> 93. 1	What part of the	e body did this a	cancer start in		old was he when th diagnosed?	is cancer	95. Wha first diag	nt <u>date</u> was this cancer nosed?
1.		1.				1.	2 5 10 >10		1.	2 5 10 >10
2.		2.				2.	25 10 >10		2.	2510>10
3.		3.				3.	25 10 >10		3.	2510>10
98. What is his,	/her current address?/her current telephone number? living or deceased? <b>(CIRCLE OI</b>		STREE		NO.	CITY	STATE		 ZIP	
LIVING DECEASED	100. What is his current addition 101. And what is his current 102. What was his date of de	S telephone number: ath? Mo		AREA CODI <b>2510&gt;</b>	E/NUMBER	_ (GO TO NEXT F	STATE P <b>AGE)</b>	ZIP		
	(IF NO CANCER, GO TO N 103. In what city and state of 104. What is the name of his 105. What is his/her current.	id he die? next-of-kin?						_		
	106. And what is his/her curi	ent telephone nun	STREE nber?	T A	PT NO. AREA (	CITY CODE/ NUMBER		STATE	ZIP	

#### OTHER RELATIVES

Now, I would like to ask you about some of your other blood relatives. As before, please do not include adopted relatives or step-relatives. 107. Let's start with your father's family. Was your father adopted? NO YES (IF YES, GO TO Q. 112) 108. How many biologic brothers did your father have? These would be your uncles. 109. How many children **in total** were born to all your father's biologic brothers? These would be your first cousins.\_\_\_\_\_ 110. How many biologic sisters did your <u>father</u> have? These would be your aunts.\_\_\_\_\_ 111. How many children **in total** were born to all your father's biologic sisters? These also would be your first cousins. Now let's talk about your mother's biologic relatives. Again, please do not include any adopted relatives or step-relatives. 112. Was your mother adopted? NO YES (IF YES, GO TO Q. 117) 113. How many biologic brothers did your mother have? These would be your uncles. \_\_\_\_\_ 114. How many children **in total** were born to all your mother's biologic brothers? These would be your first cousins.\_\_\_\_\_ 115. How many biologic sisters did your mother have? These would be your aunts. 116. How many children **in total** were born to all your <u>mother's</u> biologic sisters? These also would be your first cousins.\_\_\_\_\_ (IF PROBAND HAS NO CHILDREN, OR ONLY HAS CHILDREN BORN AFTER 1985, GO TO Q. 118) 117. How many grandchildren do you have altogether who were born to your biological daughters and sons?\_\_\_\_\_\_ 118. Finally, I would like to ask you whether any of your blood relatives, including your grandparents, aunts, uncles, nieces, nephews, granddaughters or grandsons has ever been diagnosed with breast cancer, ovarian cancer, childhood cancer, or any other type of cancer?

NO (GO TO LAST PAGE)

YES I would like to ask you now some questions about each of these other relatives who has been diagnosed with cancer.

## <u>RELATIVE 1</u>

119. What is this relative's full name, including his/her	maiden/middle name?					
120. Is this relative a male or a female? (CIRCLE ONE		FI. FEMALE	RST	MIDDLE/MAIDEN		LAST
121. How is this person related to you? Please be as spe	cific as possible					
	/	>10				
123. What type(s) of cancer did he/she have? (INCLUDE ALL)	124. What part of th	e body did this cancer s		low old was he/she when this was first diagnosed?	126. Wh	at <u>date</u> was this cand nosed?
1.	1.		1.	2 5 10 >10	1.	25 10 > 10
2.	2.		2.	2 5 10 >10	2.	25 10 >10
3.	3.		3.	2 5 10 >10	3.	25 10 >10
LIVING 128. What is his/her current address?	STREET	APT NO.	CITY	STATE ZII	p	
129. And what is his/her current telepho	one number?	AREA CODE/ N	<b>(GO TO NEX</b> UMBER	T PAGE)		
DECEASED 130. What was his/her date of death?	// MC	ONTH/ DAY/ YEAR				
131. In what city and state did she die?  132. What is the name of his/her next-o	f-kin?					_
133. What is his/her current address?	STREET	APT NO.	CITY	STATE	ZIP	
134. And what is his/her current telepho	one number?	AREA CODE/ NU	 JMBER			

## <u>RELATIVE 2</u>

119. What is this relative's full name, including hi	is/her maiden/	middle name?							
120. Is this relative a male or a female? (CIRCLE	ONE).	MALE	FEMALI	TIRST		MIDDLE/MAIDE	V		LAST
121. How is this person related to you? Please be a	s specific as p	ossible							
122. What is his/her full date of birth?		<b>2510</b> > DAY/ YEAR	-10						
123. What type(s) of cancer did he/she have? (INCLUDE ALL)	124	!. What part of the	body did this cance	r start in?		w old was he/she whe as first diagnosed?		126. Who	at <u>date</u> was this cancer nosed?
1	1.				1.	25 10 >10		1.	2510>10
2.	2.				2.	25 10 >10		2.	2510>10
3.	3.				3.	25 10 >10		3.	25 10 >10
LIVING 128. What is his/her current address 129. And what is his/her current te		STREET er?	APT NO.  AREA CODE/		TO NEXT	STATE PAGE)	ZIP		
DECEASED 130. What was his/her date of death	)		NTH/ DAY/ YEAI	?					
132. What is the name of his/her name of his/h									_
134. And what is his/her current te		STREET	APT NO.	(	CITY	STAT	E	ZIP	
ו אווע איוומנ וא וווארווט כמודלוונ נכ	repriorie riurilo	· · · · · · · · · · · · · · · · · · ·							

## **RELATIVE 3**

119. What	is this <b>relative</b> 's full name, including his/her m	naiden/middle name?					
120. Is this relative a male or a female? (CIRCLE ONE).		MALE	FIRST FEMALE	Τ	MIDDLE/MAIDEN		LAST
121. How is	s this person related to you? Please be as specit	fic as possible					
122. What		/ <b>2510</b> > NTH/DAY/ YEAR	10				
123. Wha	t type(s) of cancer did he/she have? DE ALL)	124. What part of the	body did this cancer star		old was he/she when this s first diagnosed?	126. WI first diag	nat <u>date</u> was this cancer nosed?
1.		1.		1.	2 5 10 >10	1.	2 5 10 >10
2.		2.		2.	25 10 >10	2.	<i>25 10 &gt;10</i>
3.		3.		3.	<i>2510&gt;10</i>	3.	2 5 10 >10
127. Is this LIVING	relative living or deceased? (CIRCLE ONE)  128. What is his/her current address?	STREET	APT NO. C.	ITY	STATE ZIP	)	
	129. And what is his/her current telephone	e number?	AREA CODE/ NUN	<b>(GO TO NEXT I</b> IBER	PAGE)		
DECEASE	<b>D</b> 130. What was his/her date of death?	///	 NTH/ DAY/ YEAR				
1.	31. In what city and state did she die?						
	132. What is the name of his/her next-of-	kin?					<del></del>
	133. What is his/her current address?						
		STREET	APT NO.	CITY	STATE	ZIP	

134.	And what is his/her current telephone number:	,
	•	ARFA CODF/ NI IMBER

# **RELATIVE 4**

119. What	is this <b>relative</b> 's full name, including his/her n	naiden/middle name?					
120. Is this relative a male or a female? (CIRCLE ONE).		MALE	FIRS FEMALE	T	MIDDLE/MAIDEN		LAST
121. How is	this person related to you? Please be as special	fic as possible					
122. What	is his/her full date of birth?/_ MO	/ <b>2510&gt;</b> NTH/DAY/ YEAR	10				
123. Wha	t type(s) of cancer did he/she have? PE ALL)	124. What part of the	body did this cancer sta		w old was he/she when this vas first diagnosed?	126. Wh first diag	nat <u>date</u> was this cancer nosed?
1.		1.		1.	2 5 10 >10	1.	25 10 >10
2.		2.		2.	2 5 10 >10	2.	25 10 >10
3.		3.		3.	2 5 10 >10	3.	2 5 10 >10
127. Is this LIVING	relative living or deceased? <b>(CIRCLE ONE)</b> 128. What is his/her current address?	STREET	APT NO. C	CITY	STATE ZII	p	
	129. And what is his/her current telephon	e number?		(GO TO NEX1	PAGE)		
			AREA CODE/ NUN	MBER			
DECEASE	<b>D</b> 130. What was his/her date of death?	///	 NTH/ DAY/ YEAR				
1.	31. In what city and state did she die?						
	132. What is the name of his/her next-of-	kin?					_
	133. What is his/her current address?						
		STREET	APT NO.	CITY	STATE	ZIP	
						29	

TIME INTERVIEW COMPLETED:	HR	AM MIN	1 PM	2
(GO TO BLOOD ELIGIBILITY QUESTIONNAIRE)				
CONTINUATION PAGE USED		YES NO		1 2
INTERVIEWER ASSESSMENT				
1. PARTICIPANT'S COOPERATION WAS				
		VERY GO GOOD FAIR	OOD 2	1
2. THE OVERALL QUALITY OF THIS INTERVIEW IS		POOR		4
		QUESTIC	LLY RELIABLE	1 2 3 4
3. WERE THERE ANY DISTRACTIONS DURING THE INTERVIEW				
		YES NO		1 2
<u>IF YES</u> :				
DESCRIBE				